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CONFIRMATION NO. 5112

SERIAL NUMBER	FILING OR 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
10/705,487	11/11/2003 RULE	601	3764	D24-le

**APPLICANTS**  
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**\*\* CONTINUING DATA \*\*\*\*\***  
 This application is a DIV of 09/818,102 03/27/2001 PAT 6,645,163 which is a DIV of 09/059,497 04/13/1998 PAT 6,234,984 which is a CON of 08/573,465 12/15/1995 PAT 5,738,637 and said 09/818,102 03/27/2001 is a CON of 09/546,519 04/11/2000 PAT 6,325,771 which is a CON of 09/059,497 04/13/1998 PAT 6,234,984 which is a CON of 08/573,465 12/15/1995 PAT 5,738,637 This application 10/705,487 is a CON of 10/633,938 08/04/2003 which is a CON of 09/818,102 03/27/2001 PAT 6,645,163 which is a DIV of 09/059,497 04/13/1998 PAT 6,234,984 which is a CON of 08/573,465 12/15/1995 PAT 5,738,637 and said 09/818,102 03/27/2001 is a CON of 09/546,519 04/11/2000 PAT 6,325,771 which is a CON of 09/059,497 04/13/1998 PAT 6,234,984 which is a CON of 08/573,465 12/15/1995 PAT 5,738,637  
 O.K. (TN)

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***  
 none (TN)

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\***  
 \*\* 02/12/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY OH	SHEETS DRAWING 10	TOTAL CLAIMS 123	INDEPENDENT CLAIMS 12
Verified and Acknowledged	Examiner's Signature: <i>Tamara</i> Initials: <i>am</i>				

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**TITLE**  
 Chest compression apparatus for cardiac arrest

<b>FILING FEE RECEIVED 2899</b>	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<table border="1"><tr><td><input type="checkbox"/> All Fees</td></tr><tr><td><input type="checkbox"/> 1.16 Fees ( Filing )</td></tr><tr><td><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )</td></tr><tr><td><input type="checkbox"/> 1.18 Fees ( Issue )</td></tr><tr><td><input type="checkbox"/> Other _____</td></tr><tr><td><input type="checkbox"/> Credit</td></tr></table>	<input type="checkbox"/> All Fees	<input type="checkbox"/> 1.16 Fees ( Filing )	<input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )	<input type="checkbox"/> 1.18 Fees ( Issue )	<input type="checkbox"/> Other _____	<input type="checkbox"/> Credit
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